Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DANIEL A BOUDREAU, D.O.
2825 IH10 EAST STE. 112
BEAUMONT, TX 77702

Respondent Name

ACE AMERICAN INSURANCE CO

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-12-0087-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor has not provided a position statement with their MFDR submission.

Amount in Dispute: $1,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "DD has been notified that the modifiers are needed to process Billing and the resubmit. Zero due at this time."

Response Submitted by: Gallagher Basset, 5116 Bissonnet Ste 364, Bellaire, TX 77401

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 13, 2011	99456-W5 and 99456-W8	$1,150.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated May 19, 2011
   - 4 – THE PROCEDURE CODE IN INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
   - 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement for disputed services under 28 Texas Administrative Code §134.204?

Findings

The provider billed the amount of $650.00 for CPT code 99456-W5 for DD Examination for both Maximum Medical Improvement and Impairment Rating (MMI/IR). Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is $350.00. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), the MAR for a DRE IR using the AMA Guides for Gait Impairment Table 36 Routing (use of cane) is $150.00. The MAR for IR exam would be $150.00 for this dispute. The DD also billed $500.00 for CPT code 99456-W8 for a Return to Work (RTW) status examination. Per 28 Texas Administrative Code §134.204(i)(2)(A) & (k), the MAR for the 1st RTW and/or Evaluation of Medical Care (EMC) examinations is $500.00. However, both CPT codes require the use of additional modifiers which the Explanation of Benefits from the carrier referred to in order to give the opportunity for the provider to correct before sending to MFDR. CPT code 99456-W5 required a "WP" as an additional modifier which was not provided on subsequent reconsiderations after notification.

Per 28 Texas Administrative Code §134.204 states in part (j)(4)(C)(iii)

> (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:
> (4) The following applies for billing and reimbursement of an IR evaluation.
> (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
> (iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR.

CPT code 99456-W8 required a "RE" as an additional modifier.
Per 28 Texas Administrative Code §134.204 states in part (n)(7):

> (n) The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes.
> (7) RE, Return to Work (RTW) and/or Evaluation of Medical Care (EMC)--This modifier shall be added to CPT Code 99456 when a RTW or EMC examination is performed.

Review of documentation supports that the Division ordered the examinations, yet any reimbursement methodology allowance per 28 Texas Administrative Code §134.204 for individual services was contingent upon the use of the modifiers explained in the entire rule. That modifiers have not been applied according to rule disallows any reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	December 28, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.